

To: Kansas Health Policy Authority

From: Kansas Association of Sleep Professionals (KASP),

RE: Diagnosis and Treatment of Sleep Disorders for Medicaid patients.

My name is Henry Johns. I am a Registered Polysomnographic Technologist and work as Director of the Sleep Center at Pulmonary and Sleep Associates, in Topeka. I am a member of the Board of Directors of the Kansas Association of Sleep Professionals (KASP).

The Kansas Association of Sleep Professionals is a nonprofit organization, dedicated to improving public health by educating health care professionals and the public on the importance of sleep health. KASP membership consists of physicians, technologists and homecare providers who are active in treatment of sleep disorders in communities throughout Kansas.

We spend one third of our lives sleeping, but few people understand or recognize the importance of sleep or the implications of poor sleep to their overall health. Over the past 30 years, countless studies have demonstrated the effects of sleep on a person's overall health. According to the National Sleep Foundation, as many as 40 million Americans, almost one third of the population, have sleep related problems. About 18 million suffer from sleep apnea, a condition in which the sufferer stops breathing, due to an airway obstruction, for periods of 10 seconds or longer multiple times each hour when sleeping.

Sleep disordered breathing, which includes sleep apnea, contributes to the severity of cardiovascular diseases. Sleep disordered breathing is linked to conditions, including hypertension, increased risk of stroke, angina, nocturnal cardiac arrhythmias, myocardial infarction, stroke and motor vehicle crashes. There are also links to type II Diabetes, Kidney disease and other costly long-term conditions. The National Heart Lung and Blood Institute, of the National Institutes of Health, estimates that one-half of the patients diagnosed with Congestive Heart Failure have sleep disordered breathing problems. Half of the patients with Atrial Fibrillation, 80% of patients with uncontrolled hypertension,

30% of patients with Angina and 30% of patients with generalized hypertension, all have sleep disordered breathing. It has been shown that diagnosis and treatment of sleep disordered breathing reduces risk levels and treatment costs of co-morbid conditions.

Data presented at the 133rd Annual meeting of the American Public Health Association, set the per capita cost of cardiovascular disease in Kansas at \$12,343. According to the American Academy of Sleep Medicine, before treatment for OSA, patients consume more health care dollars and time than matched control subjects. Studies have indicated untreated sleep apnea patients use as many as 2.5 - 3 times as many hospital days and twice the physician costs. The only study to look at post-treatment costs found that physician costs decreased 33% after treatment, and hospital days dropped by 50% in patients adhering to treatment. A conservative estimated savings of one fourth of what is now spent on these co-morbid conditions would be substantial. Currently, Kansas Medicaid does not cover the diagnosis and treatment of sleep disorders for adults.

Persons with sleep disorders suffer not only from the conditions mentioned here but from cognitive impairment as well. This could be the most injurious to the future of children who suffer from sleep problems. A study conducted last year demonstrated that 50% of the eleven year olds with sleep disordered breathing demonstrated thickening of the carotid arteries. The American Academy of Pediatrics has recommended sleep testing for all children exhibiting symptoms of ADHD. Kansas Medicaid does cover some testing and treatment for children.

In the Kansas Medicaid Primer published by the Kansas Health Institute, Kansas is ranked 45th among the states, for the number of people on Medicaid and 15th for spending, this is labeled, “program generosity”. KASP feels that, under the current program, a portion of the Kansas population is denied diagnostic testing and treatment that could reduce health risks and improve the quality of life. For prospective, the number of persons effected would include every man, woman and child in Garden City, Hays, Salina, Manhattan, Topeka and Lawrence. About one out of every ten persons in our state.

The treatment of sleep disorders is an important part of a proactive, preventative health care program. Currently there is no coverage for adults and limited coverage for children. Traditionally, the Medicaid reimbursement levels have been below Medicare levels. When there is no reimbursement, a burden is placed on the providers who care for these patients. I do not know of any sleep center, physician or home care company that has turned away Medicaid patients who are referred to them by a primary care physician for treatment of sleep disorders. An example would be having a business or job where your income was based on productivity each day. You are expected to do the same work each day, but you are only paid for some of your work.

Reimbursement at the Medicare level or a capitated plan for diagnosis and treatment of sleep disorders would be a small investment compared to the overall savings in treatment of co-morbid conditions. The members of KASP urge the Health Policy Authority to consider sleep as important to health as diet and exercise.

Thank you for your time and consideration. We would be happy to provide you with additional information.